

**MONTHLY OPERATING REPORT**

**CHAPTER 11**

CASE NAME: Prevalence Health, LLC

CASE NUMBER: 09-02016 EE For Period June 1 to June 30, 2011.

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
{ }	<input checked="" type="checkbox"/>	Comparative Balance Sheet (FORM 2-B)
{ }	<input checked="" type="checkbox"/>	Profit and Loss Statement (FORM 2-C)
<input checked="" type="checkbox"/>	{ }	Cash Receipts & Disbursements Statement (FORM 2-D)
{ }	<input checked="" type="checkbox"/>	Supporting Schedules (FORM 2-E)
{ }	<input checked="" type="checkbox"/>	Narrative (FORM 2-F)
{ }	<input checked="" type="checkbox"/>	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 6/11/11  
(date)

Debtor(s)\*: Prevalence Health, LLC

By:\*\*

H. K. Lefoldt

Position: Liquidating Agent

Name of preparer: H. K. Lefoldt, Jr.

Telephone No. of Preparer 601-956-2374

\* both debtors must sign if a joint petition

\*\* for corporate or partnership debtor

CASE NAME: Prevalence Health, LLC CASE NUMBER: 09-02016 EE

### QUARTERLY FEE SUMMARY

MONTH ENDED June 30, 2011

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ 45,675			
February	\$ 17,484			
March	\$ 26,735			
Total				
1st Quarter	\$ 89,894	\$ 975		
April	\$ 11,582			
May	\$ 355			
June	\$ 23,695			
Total				
2nd Quarter	\$ 35,632	\$ 650		
July	\$ _____			
August	\$ _____			
September	\$ _____			
Total				
3rd Quarter	\$ _____	\$ _____		
October	\$ _____			
November	\$ _____			
December	\$ _____			
Total				
4th Quarter	\$ _____	\$ _____		

### DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

\* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.



**Regions Bank**  
 Jackson 210 E Capitol ST Main  
 210 East Capitol Street  
 Jackson, MS 39201



00114949 01 AV 0.337 001  
 PREVALENCE HEALTH LLC  
 ATTN: H KENNETH LEFOLD JR  
 PO BOX 2848  
 RIDGELAND MS 39158-2848

ACCOUNT # 9001277993

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Enclosures	27
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### COMMERCIAL ANALYZED CHECKING

June 1, 2011 through June 30, 2011

#### SUMMARY

<b>Beginning Balance</b>	\$394,450.53	<b>Minimum Balance</b>	\$374,815
Deposits & Credits	\$4,060.06	+	
Withdrawals	\$465.00	-	
Fees	\$275.93	-	
Automatic Transfers	\$0.00	+	
Checks	\$22,953.80	-	
<b>Ending Balance</b>	<b>\$374,815.86</b>		

#### DEPOSITS & CREDITS

06/01	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	35.15
06/09	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949110604	68.40
06/16	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949110611	396.07
06/22	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	509.92
06/23	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949110618	243.84
06/29	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	70.56
06/30	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949110625	2,736.12
Total Deposits & Credits		\$4,060.06

#### WITHDRAWALS

06/01	Pitney Bowes Postage Debtor IN Poss 42906255	400.00
06/01	Merchant Service Merch Fee Health Allianc 8003547554	65.00
Total Withdrawals		\$465.00

#### FEES

06/09	Analysis Charge	05-11	275.93
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#### CHECKS

Date	Check No.	Amount	Date	Check No.	Amount
06/02	61462	4,365.00	06/06	61464	1,734.72
06/01	61463	12,332.80	06/30	61466 *	4,521.28

Total Checks \$22,953.80

\* Break In Check Number Sequence.



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**DAILY BALANCE SUMMARY**

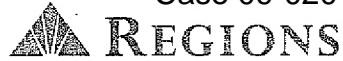
Date	Balance	Date	Balance	Date	Balance
06/01	381,687.88	06/09	375,380.63	06/23	376,530.46
06/02	377,322.88	06/16	375,776.70	06/29	376,601.02
06/06	375,588.16	06/22	376,286.62	06/30	374,815.86

**AMENDMENT TO REGIONS FUNDS AVAILABILITY**

**POLICY: AS OF JULY 21, 2011, WHEN THE FULL AMOUNT OF FUNDS DEPOSITED BY CHECK ARE NOT AVAILABLE TO YOU UNTIL THE SECOND BUSINESS DAY AFTER THE DAY OF DEPOSIT, THE AMOUNT AVAILABLE TO YOU ON THE FIRST BUSINESS DAY AFTER DEPOSIT WILL INCREASE FROM \$100 TO \$200.**

For all your banking needs, please call 1-800-REGIONS (734-4667).  
 or visit us on the Internet at [www.regions.com](http://www.regions.com).

Thank You For Banking With Regions!



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 Jackson 210 E Capitol ST Main  
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 Jackson, MS 39201

PREVALENCE HEALTH LLC  
 ATTN: H KENNETH LEFOLDT JR  
 PO BOX 2848  
 RIDGELAND MS 39158-2848

ACCOUNT # 9001277993

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Prevalence Health, LLC PO Box 2848 Ridgeland MS 39158-2848	Check# 61462 Date 06/02/2011 Payee H Kenneth Lefoldt Jr	Amount \$4365.00 \$4,365.00
Description Four Thousand Three Hundred Sixty Five & 00/100		Check# 61462 Date 06/02/2011 Payee H Kenneth Lefoldt Jr
<i>H Kenneth Lefoldt Jr.</i>		
PO BOX 2848 RIDGELAND MS 39158-2848 #9001277993#		

Check# 61462 06/02/2011 \$4365.00

Prevalence Health, LLC PO Box 2848 Ridgeland MS 39158-2848	Check# 61463 Date 06/01/2011 Payee H Kenneth Lefoldt Jr	Amount \$12332.80 \$12,332.80
Description Twelve Thousand Three Hundred Thirty-Two & 80/100		Check# 61463 Date 06/01/2011 Payee H Kenneth Lefoldt Jr
<i>H Kenneth Lefoldt Jr.</i>		
PO BOX 2848 RIDGELAND MS 39158-2848 #9001277993#		

Check# 61463 06/01/2011 \$12332.80

Prevalence Health, LLC PO Box 2848 Ridgeland MS 39158-2848	Check# 61464 Date 06/06/2011 Payee G. Todd Detwill, P.A.	Amount \$1734.72 \$1,734.72
Description One Thousand Seven Hundred Thirty-Four & 72/100		Check# 61464 Date 06/06/2011 Payee G. Todd Detwill, P.A.
<i>G. Todd Detwill, P.A.</i>		
PO BOX 2848 RIDGELAND MS 39158-2848 #9001277993#		

Check# 61464 06/06/2011 \$1734.72

Prevalence Health, LLC PO Box 2848 Ridgeland MS 39158-2848	Check# 61465 Date 06/30/2011 Payee H Kenneth Lefoldt Jr	Amount \$4521.28 \$4,521.28
Description Four Thousand Five Hundred Twenty-One & 28/100		Check# 61465 Date 06/30/2011 Payee H Kenneth Lefoldt Jr
<i>H Kenneth Lefoldt Jr.</i>		
PO BOX 2848 RIDGELAND MS 39158-2848 #9001277993#		

Check# 61465 06/30/2011 \$4521.28